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GUY P. JONES Editor

PROBLEMS IN PUBLIC HEALTH

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Dr. Lee A. Stone, Health Officer of Madera County and President of the Health Officers' Section, League of California Cities, presided over the sessions of the section at its annual meeting at Sacramento October 13 to 16. Dr. Stone recounted his early experiences in the public health field and made interesting evaluations of present-day public health practices. expressed some apprehension of the inroads that the social worker group is making in public health fields and urged health officers to develop their organizations for the purpose of strengthening public health workers' groups. He urged health officers to take intensive interest in present conditions, stating that wars place multiple burdens on all sanitarians, and that problems in public health multiply hundreds of times during wars. He said that health officers everywhere are about to face issues which have never before presented themselves to any such group. He stated further—

"For the first time in the history of warfare, civilians are being attacked. Cities are being destroyed, because of the sheer devilishness of the war machine. Entire nations are living in momentary dread of pestilences. Pestilences, we, as health officers, are pledged to fight. Public health officials will be required to fight as they never have fought before. Thus far World War No. 2 has not witnessed any serious outbreaks of contagious diseases. This statement should not develop a false impression in our minds that they may never appear.

As a class, public health officials are sitting on a keg of powder that may destroy at any moment our confidence in the cynical statement 'it can't happen here.' We can not afford to assume an air of complacency in times of emergency. We are in that emergency now. Our health organizations will be on trial before the world. We must not fail. We must give all that is within us to give. If we fail (I know we won't), ignominy will be heaped upon our heads. We will be tested in the crucible of war.

An opportunity will shortly be laid in our hands, which we must not muff. We must hear with attentive ears the pleas already being broadcast that public health emergencies will be met with the same earnestness and effort now being put into other phases of National defense.

Time will not permit any further discussion of the problem of National defense except to say:

Our lives are dedicated to the service of our people and to the country we love so well, the United States of America. I pray that we may never have to assuage our consciences with false and unthinkable ideologies. These ideologies are filled to the brim with principles that are un-American and mean branding with the traitor's mark those who teach them.

The veracity of American philosophy remains still unquestioned wherever men are born with thoughts of freedom in their souls. The verities of democratic teachings lock themselves deep in the heart of every patriot.

Teachers of false doctrines are abroad in the land. They have forgotten all else save an un-American policy of tearing down all things democracies hold dear. They are saboteurs with destruction of American institutions in their hearts. They seek to beat down with vicious invective our confidence in our ability to defend this Nation. They would destroy our courage to fight to defend principles conceived

by pioneering forefathers whose belief in the future of the United States of America brought forth the Constitution of the United States.

These un-Americans live among us, partake of all those benefits of which our culture boasts, and yet with the voice of a Judas seek our crucifixion on a cross of blood and hate. They are 'wug hounds' who like carrion crows live on the decaying flesh of those filthy carcasses that are always found in the wake of progress and of patriotism.

Those of us belonging to the old school of public health are being rapidly eliminated by retirement or by death. We did the pioneering and as I look back over the years, I do not feel that we did a bad job of it. If the present generation of young men now in public health can and will do a better job (I believe they will) than we did, the population of an entire world will rise and call them blessed.

Because they have had an opportunity for college training in public health is no indication they will excel in the field. Of course their training will be of great assistance in the realm of statistical public health medicine, and in good laboratory practices. This knowledge without a full understanding of field work will do them no good. Edges will have to be knocked off. An appreciation of the definition of the word 'tolerance' is necessary for their success. They must learn, in the school of hard knocks, mob psychology. Without this knowledge they will find themselves not seeing the forest for the trees.

Their reading should not be confined to technical articles or to statistical diatribes alone. A rounded course in human development comes and comes only through a knowledge of what the other fellow is thinking and doing and writing.

The young health officer should interest himself in things going on around him. He should develop a civic conscience. The activities of those surrounding him will influence his ability to make a success or to completely fail. Therefore, for him to properly sell public health, he must be public minded. He must be an opportunist and seize every public health emergency as an opportunity to sell good public health practice to his people. Opportunism has saved public health officers from defeat more times than even those of us who belong in the going-out class have realized.

Health officers who would succeed must be good public servants. They must learn that patience is a virtue more to be desired than great riches. Finally, a health officer without personality has a millstone about his neck. He will be misunderstood and disliked. He may be a great scientist but without an ingratiating manner he can not ever hope to be the perfect salesman.

Public health, like merchandise, must be properly advertised, be genuine, and free from adulteration.

Public health is very dear to my soul. I have dreamed it, had it as a guest at my table when dining, lived with it joyously for many years. When I pass, my departing soul will live in peace if those whom I have sought to serve will say, 'He was a good health officer.'"

CADMIUM POISONING FROM FOOD

During the past year, numerous cases of cadmium poisoning have come to the attention of the United States Public Health Service. These cases have arisen from the contamination of food or drink with dissolved cadmium salts, owing to the preparation or storage of food or drink in cadmium-plated containers. Since metallic cadmium dissolves in the acids normally present in certain foodstuffs, a poisonous cadmium compound is formed. When this compound is ingested it causes acute poisoning very similar to so-called "food poisoning." The symptoms noted are pronounced nausea, vomiting, diarrhea, abdominal pains or discomfort, and general weakness.

Prior to 1941, a total of 20 cases of cadmium poisoning, due to the ingestion of cadmium, had been reported in the literature. Since January 1941, 315 cases of poisoning definitely have been caused by cadmium.

Owing to the greatly increased technical use of cadmium in the manufacture or repair of various types of containers and the increasing use of cadmium for plating, the possibility of such containers being used for food purposes is apparent. Several instances have occurred where cooking utensils have been repaired and unsuspectingly plated with cadmium which have later caused acute illness.

It is also possible that cases of cadmium poisoning have been mistaken for food poisoning owing to the similarity of the symptomatology of cadmium poisoning to that of ordinary so-called "food poisoning."

For these reasons the public should be warned against the use of cadmium-plated utensils for food purposes.—From "Current News of Official Industrial Hygiene Activities," Vol. 1, No. 10, October, 1941, Division of Industrial Hygiene, National Institute of Health, United States Public Health Service.

TEMPORARY HEALTH OFFICER APPOINTED

Dr. John R. Ranson, a practicing physician at San Luis Obispo, has been appointed temporary health officer of San Luis Obispo County, to serve on a part-time basis. Dr. E. M. Bingham, who had served as whole-time health officer of that county recently entered the Navy.

SURVEYS OF SHIPBUILDING HAZARDS

During October, a preliminary industrial hygiene survey, started in September in a shipbuilding, repairing, and outfitting yard employing 22,000 workers, was completed by the Industrial Hygiene Service. Departments and operations in which employees are exposed to potentially harmful dusts, gases, vapors, fumes, and chemicals, have been selected for detailed technical studies for the purpose of evaluating the severity of the hazards, and the need for control measures. Such studies, which are now in progress, include atmospheric tests for lead dust and fumes; zinc oxide fumes; silica dust; toluol, coal tar naphtha, petroleum spirits, and other organic solvent vapors; carbon monoxide; ammonium picrate dust in ammunition loading operations; hydrogen cyanide, cadmium, and chromic acid vapors from electroplating tanks; trichlorethylene vapors from degreasing tanks; illumination measurements; and air velocity determinations at exhaust ventilating systems. During October quantitative tests were made in the foundry, machine shops, paint manufacturing and spray painting departments, sheet metal shops, electrical shop, radio laboratory, pipe and copper shops, welding department, printing shop, sail and flag loft, boilermaker's shop, and shipfitter's shop. These studies will be continued during November.

SURVEYS IN AIRCRAFT FACTORIES

Detailed studies of potential health hazards were made by Industrial Hygiene Service in two aircraft manufacturing plants during October, at the request of company officials. These tests included determinations of lead fumes from portable lead pots in drop hammer and cable key soldering departments; zinc dust at Kirksite die grinding operations; acid fumes from soldering pots; and air flow measurements in forced ventilating systems.

Arrangements have been made to conduct complete surveys of three new aircraft and parts manufacturing plants, employing about 40,000 workers, in the near future.

WALNUT SHELLING LICENSES ISSUED

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More than 75 applications for walnut shelling licenses have been received during September with more being submitted daily. Each application requires inspection to determine the adequacy of the premises, shelling methods and sources of raw material. Since the enactment of the law pertaining to the sanitation of walnut shelling, conditions in the industry have improved greatly.

SKIN INFECTIONS AMONG TUNNEL WORKERS

At the request of a county health department, an investigation was made of working conditions in a water aqueduct tunnel which is being constructed in central California. About one-third of the men working in this tunnel have developed skin infections which had been attributed to contact with water seeping through the tunnel walls. Laboratory analyses of samples of seepage water did not show the presence of chemicals or bacteria which might account for the skin disorders. Examinations of affected employees, and observation of work methods, revealed that the skin infections were being caused partly by the neglect of cuts and abrasions from sharp rock surfaces, and partly by lack of personal cleanliness and suitable protective clothing. In order to prevent the occurrence of further cases of this nature, employees are being instructed in personal hygienic measures, gloves are being provided for them, and portable sanitary toilets are being installed in the tunnel to prevent contamination of working surfaces with human excreta.

DERMATITIS DUE TO ORGANIC SOLVENTS

Solvents, such as kerosene and gasoline, which are used for the cleaning of ink rollers and plates in printing establishments, have a defatting, drying, and irritating effect when they come in contact with the unprotected skin. Several cases of dermatitis which have developed recently in a printing plant, were investigated at the request of the superintendent, and were found to be due to prolonged contact with kerosene. Advisable preventive measures, including protective clothing, personal cleanliness, and the use of nonirritating skin soaps and protective ointments, were recommended.

MUSSEL QUARANTINE TERMINATED

The order issued May 25, 1941, and extended on September 24, 1941, establishing the quarantine of mussels from the ocean shore of California extending from the southern boundary of Los Angeles County north to the California-Oregon boundary with exception of the Bay of San Francisco, was rescinded October 27, 1941.

OTHER ACTIVITIES

Visits were paid to the Industrial Hygiene Laboratory in Berkeley during October by Dr. C. E. A. Winslow, Professor of Public Health, Yale University, and Dr. Cecil Drinker, Dean, School of Public Health, Harvard University.

MORBIDITY

Complete Reports for Following Diseases for Week Ending November 1, 1941

Chickenpox

358 cases from the following counties: Alameda 78, Butte 1, Contra Costa 4, Fresno 12, Kern 10, Lake 1, Los Angeles 59, Madera 2, Merced 3, Monterey 1, Orange 16, Plumas 8, Riverside 2, Sacramento 18, San Bernardino 10, San Diego 19, San Francisco 21, San Joaquin 22, San Luis Obispo 1, San Mateo 10, Santa Barbara 12, Santa Clara 4, Shasta 18, Sonoma 7, Stanislaus 7, Sutter 2, Tulare 1, Ventura 3, Yolo 6.

80 cases from the following counties: Alameda 2, Butte 2, Fresno 5, Humboldt 2, Kern 2, Lassen 1, Los Angeles 12, Madera 1, Merced 1, Monterey 6, Orange 5, Plumas 4, San Diego 10, San Francisco 7, San Joaquin 3, San Mateo 2, Santa Barbara 10, Santa Clara 2, Sonoma 1, Yuba 2.

312 cases from the following counties: Alameda 15, Butte 1, Contra Costa 1, Fresno 2, Humboldt 2, Kern 23, Lassen 5, Los Angeles 31, Mendocino 63, Monterey 46, Orange 3, Riverside 5, Sacramento 1, San Benito 4, San Diego 6, San Francisco 3, San Joaquin 38, San Mateo 2, Santa Barbara 1, Santa Clara 1, Santa Cruz 2, Sonoma 13, Stanislaus 2, Tulare 15, Ventura 25, Yolo 1, California 1.*

Mumps

525 cases from the following counties: Alameda 27, Butte 1, Colusa 1, Contra Costa 11, Fresno 1, Humboldt 1, Imperial 5, Kern 4, Kings 7, Lassen 3, Los Angeles 116, Monterey 29, Napa 10, Orange 31, Placer 2, Riverside 20, Sacramento 21, San Bernardino 15, San Diego 48, San Francisco 31, San Joaquin 8, San Luis Obispo 9, San Mateo 26, Santa Barbara 20. Santa Clara 16, Santa Cruz 4, Sonoma 11, Stanislaus 6, Sutter 3, Tulare 4, Ventura 25, Yolo 7, Yuba 2.

Scarlet Fever

97 cases from the following counties: Alameda 2, Fresno 2, Imperial 3, Kern 2, Kings 1, Los Angeles 42, Marin 2, Merced 1, Monterey 1, Napa 3, Orange 5, Riverside 1, Sacramento 1, San Bernardino 4, San Diego 13, San Francisco 6, San Mateo 2, Shasta 1, Solano 1, Sonoma 1, Ventura 1, Yolo 2.

Whooping Cough

213 cases from the following counties: Alameda 5, Contra Costa 3, Fresno 18, Humboldt 1, Kern 3, Kings 2, Los Angeles 85, Monterey 1, Placer 2, Riverside 3, San Bernardino 6, San Diego 26, San Francisco 15, San Joaquin 12, San Luis Obispo 6, San Mateo 4, Santa Barbara 8, Santa Clara 4, Santa Cruz 1, Sutter 3, Tulare 1, Ventura 4.

Diphtheria

19 cases from the following counties: Calaveras 1, Imperial 1, Los Angeles 6, Riverside 1, Sacramento 1, San Bernardino 4, San Diego 3, San Luis Obispo 1, San Mateo 1.

Dysentery (Bacillary)

12 cases from the following counties: Los Angeles 6, Monterey 4, Santa Clara 1, Solano 1.

Encephalitis (Epidemic)

5 cases: Sacramento County 1 (Del Paso Heights); San Joaouin County 1 (Stockton rural); Tulare County 3 (Tulare rural 2, Woodlake 1).

Food Poisoning

11 cases from the following counties: Los Angeles 4 Monterey 2, San Francisco 3, San Mateo 2.

Jaundice (Epidemic)

5 cases from the following counties: Los Angeles 2, Stanislaus 3.

Malaria

4 cases from the following counties: Sacramento 1, San Joaquin 2, California 1.4

Paratyphoid Fever

3 cases from the following counties: Los Angeles 1, San Diego

Poliomyelitis

4 cases: Alameda County 1 (Berkeley); Los Angeles County 2 (Howard Precinct 1, Los Angeles 1); Stanislaus County 1 (Modesto rural).

Psittacosis

One case from San Bernardino County.

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Rabies (Animal)

13 cases from the following counties: Los Angeles 8, San Diego 3, Tulare 2.

Relapsing Fever

One case from Fresno County.

2 cases from the following counties: Kings 1, Los Angeles 1.

One case from San Francisco.

Typhoid Fever

2 cases from the following counties: Fresno 1, San Francisco 1.

Undulant Fever

2 cases from the following counties: Imperial 1, Los Angeles 1.

OBNOXIOUS ODORS FROM PETROLEUM REFINERIES

Residents in the vicinity of oil refineries frequently complain of nauseating and otherwise objectionable odors emanating from these plants. During October, investigations of a number of such complaints were made in cooperation with two county health departments. It was found that malodorous gases, such as hydrogen sulfide and mercaptans, were escaping from various points in the refineries in sufficient quantities to be perceptible to the sense of smell at considerable distances from the plants, but not in concentrations high enough to endanger health. Plant engineers are making every possible effort to prevent the creation of odor nuisances. Odorous gases are conducted in closed systems to furnaces, where they are burned, and a constant check is kept at all points in the refinery piping and pumping systems where leaks may permit the escape of these gases.

MANGANESE DUST IN ORE CRUSHING PLANT

Following receipt of a complaint concerning dusty conditions in the experimental laboratory of a mining machinery manufacturing plant, an investigation by Industrial Hygiene Service revealed potentially dangerous exposure of employees to manganese ore dust in the vicinity of ore crushing and screening equipment. Enclosure and local exhaust ventilation of dust-generating machinery, and wetting of the ore to allay dust, have been recommended to plant officials.

> C. D. Leake, Department of Pharmacology, University of California Medical School, San Francisco, Calif.

^{*} Cases charged to "California" represent patients ill before entering the State or those who contracted their illness travel-ing about the State throughout the incubation period of the disease. These cases are not chargeable to any one locality.